



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E249034**

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2 0 7
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1 1 8 28
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3

0 1 29

0 6 30

1 1 2 31

1 1 2 32

FROM TO
3 7 33

FROM TO
3 7 34

4 35

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39

40

1 41

1 42

INTERSTATE <input type="checkbox"/>	CITY STREET <input type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

CASE #	13-01395
LOCAL AGENCY CODING	
TOTAL # OF UNITS	02
OBJECT STRUCK	

TRIBAL RESERVATION				
M M D D Y Y Y Y	TIME (2400)	COUNTY #	MILES	CITY #
DATE OF COLLISION	06 - 08 - 2013	1328	31	
N S	E W	IN	OF	0664

ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input type="checkbox"/>	NON-INTERSECTION <input checked="" type="checkbox"/>
SR 92	BLOCK NO. <input checked="" type="checkbox"/>	11100
MILE POST		
DISTANCE	1000	MILES
OF (REFERENCE OR CROSS STREET)	113 AVE	

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE D: 4253228793
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LAST NAME	PETERSON	FIRST NAME	ANITA	MIDDLE INITIAL	M
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STREET NEW ADDRESS	21516 NE 165TH ST
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CITY	WOODINVILLE	ST	WA	ZIP	980777783
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	PETERAM353P6	STATE	WA	SEX	F	D.O.B.	10 - 26 - 1965
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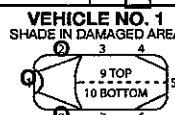
ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	2	INJURY CLASS	1	NATURE OF INJURIES
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LICENSE PLATE #	362YMI	STATE	WA	VIN#	KNADC125X36279057
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	2003	MAKE	KIA	MODEL	RIO	STYLE	4T	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO.				
LIABILITY INSURANCE IN EFFECT <input type="checkbox"/>	INSURANCE CO & POLICY #			
VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITATION #	3Z0119048 / 3Z0550392	CHARGE	NVOL/NO INS/SPEED TOO FAST



UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE D: 3606916940
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LAST NAME	BLAND	FIRST NAME	RAYMOND	MIDDLE INITIAL	P
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STREET NEW ADDRESS	34016 MOUNTAIN LOOP HWY
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CITY	GRANITE FALLS	ST	WA	ZIP	982529530
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CDL	RESTRICTIONS	ENDORSEMENTS	O
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DRIVER'S LICENSE #	BLANDRP465KH	STATE	WA	SEX	M	D.O.B.	05 - 08 - 1954
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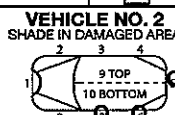
ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	2	INJURY CLASS	1	NATURE OF INJURIES
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LICENSE PLATE #	AFZ9073	STATE	WA	VIN#	1MELM62W6RH622685
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	1994	MAKE	MERC	MODEL	COUCP	STYLE	2D	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO.	RAYMOND BLAND 34100 MOUNTAIN LOOP HWY GRANITE FALLS WA 98252			
LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	WAGNER 475844995		
VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITATION #		CHARGE	



OFFICER'S NAME (PRINT)	RON BROOKS	BADGE OR ID #	013	AGENCY	WA0311900
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STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E249034**

CASE # **13-01395**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL) **NELSON TERRI L**

ADDRESS & PHONE # **34100 MT LOOP HWY GRANITE FALLS WA 3606916940** SEX **F** D.O.B. **MMDDYYYY** - -

PASSENGER ☒ WITNESS ☐ UNIT # **2** SEAT POS **3** AIRBAG **2** RESTR. **4** EJECT **1** HELMET USE ☐ INJURY CLASS **7** NATURE OF INJURIES **HEAD AND NECK PAIN**

NAME (LAST, FIRST, MIDDLE INITIAL) **BLAND TYCE L**

ADDRESS & PHONE # **34100 MT LOOP HWY GRANITE FALLS WA 98252** SEX **M** D.O.B. **MMDDYYYY** **01** - **07** - **2003**

PASSENGER ☒ WITNESS ☐ UNIT # **2** SEAT POS **9** AIRBAG **2** RESTR. **4** EJECT **1** HELMET USE **2** INJURY CLASS **1** NATURE OF INJURIES

NAME (LAST, FIRST, MIDDLE INITIAL) **DALTON PAUL R**

ADDRESS & PHONE # **10329 60 AVE NE MARYSVILLE WA 98270 2063911929** SEX **M** D.O.B. **MMDDYYYY** **10** - **13** - **1972**

PASSENGER ☐ WITNESS ☒ UNIT # ☐ SEAT POS ☐ AIRBAG ☐ RESTR. ☐ EJECT ☐ HELMET USE ☐ INJURY CLASS ☐ NATURE OF INJURIES

NARRATIVE

Unit 2 was slowing for a vehicle that was making a left turn. Unit 1 failed to stop intime and struck Unit 2 from behind. The passenger of Unit 2 was comlaining of neck pain. She declined aid.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

RON BROOKS

06-08-13 03:18 PM

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

DATE

RON BROOKS 013

6/8/2013 4:05:41 PM

BADGE OR ID # **013**

ORI # **WA0311900**

TIME POLICE DISPATCHED **1:28 PM**

TIME POLICE ARRIVED **1:29 PM**



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO.

E249034

CASE #

13-01395

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		AVOLIO JOSH M																	
ADDRESS & PHONE #		8706 15 ST NE LAKE STEVENS WA 98258 4252103124																	
SEX		M		D.O.B. MMDDYYYY		09		-		21		-		1982					
PASSENGER	<input type="checkbox"/>	WITNESS	<input checked="" type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES	
NAME (LAST, FIRST, MIDDLE INITIAL)		CHARBONEAU BRANDON L																	
ADDRESS & PHONE #		14216 44 ST NE LAKE STEVENS WA 98258 4252802227																	
SEX		M		D.O.B. MMDDYYYY		01		-		06		-		1982					
PASSENGER	<input type="checkbox"/>	WITNESS	<input checked="" type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES	
NAME (LAST, FIRST, MIDDLE INITIAL)		WARD CARISA A																	
ADDRESS & PHONE #		14719 72 ST NE LAKE STEVENS WA 98258 5094759961																	
SEX		M		D.O.B. MMDDYYYY		12		-		16		-		1975					
PASSENGER	<input type="checkbox"/>	WITNESS	<input checked="" type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES	

NARRATIVE

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RON BROOKS

INVESTIGATING OFFICER'S SIGNATURE

06-08-13 03:18 PM

DATED

PLACE SIGNED

APPROVED BY

RON BROOKS 013

DATE

6/8/2013 4:05:41 PM

BADGE OR ID #

013

ORI #

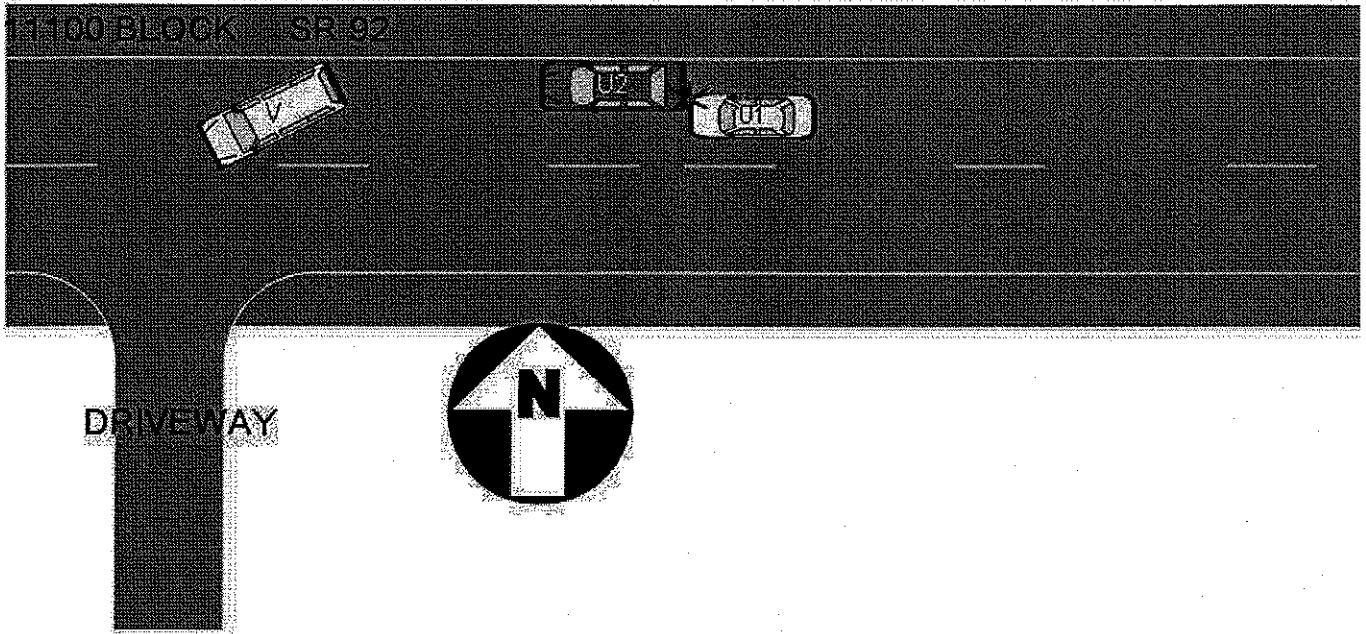
WA0311900

TIME POLICE DISPATCHED

1:28 PM

TIME POLICE ARRIVED

1:29 PM



LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER

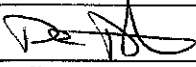
VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) DALTON, PAUL R	RACE W	ETH	SEX M	DOB 10-13-72	AGE 40	HGT 5'6"	WGT 210	HAIR BRN	EYES BRN
STREET ADDRESS 10329 60th Ave NE		CITY MARYSVILLE			STATE WA	ZIP 98270	RES. STATUS			
HOME PHONE		CELL PHONE 206-391-1929			PLACE OF EMPLOYMENT PACIFIC FIRE SECURITY					
WORK PHONE 206-788-3866		EMAIL ADDRESS								

I, PAUL DALTON, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

A WHITE VAN SLOWED DOWN TO TURN LEFT. The car in front of me, a white Kia Risa, wasn't paying attention and slammed on her brakes. She slid into oncoming traffic, then over corrected and hit a blue sedan, that was in front of her, travelling the same direction.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: 	DATE SIGNED 6-8-13	LOCATION SIGNED
OFFICER/NUMBER:	DATE SIGNED	LOCATION SIGNED

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE ____ OF ____

LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER

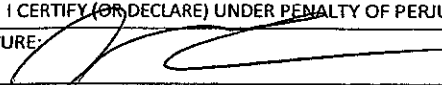
VICTIM / ~~WITNESS~~

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) AVOLIO, JOSH M	RACE W	ETH HIP	SEX M	DOB 9/21/1982	AGE 30	HGT 6'1"	WGT 270	HAIR BLK	EYES BRN
STREET ADDRESS 8706 15th ST NE		CITY LAKE STEVENS			STATE WA	ZIP 98258	RES. STATUS			
HOME PHONE		CELL PHONE 425 210 3124			PLACE OF EMPLOYMENT					
WORK PHONE		EMAIL ADDRESS								

I, JOSH AVOLIO, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY ~~AND/OR SUCH ASSET(S) UNDER MY CONTROL~~ NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEM(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

WHITE VAN STOPPED TO ^{TURN} LEFT OFF OF 92 WEST CAR (BLUE) PUT BRAKES ON AND WHITE CAR LOCKED BRAKES UP SLIDE/SWIVEL TO AVOID BLUE CAR. WHITE CAR CROSSED CENTER LINE AND T-BONED DRIVER SIDE OF BLUE CAR. ALL VEHICLES WERE TRAVELING WEST

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: 	DATE SIGNED 6/8/13	LOCATION SIGNED AT THE SCENE
OFFICER/NUMBER:	DATE SIGNED	LOCATION SIGNED

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE ___ OF ___

LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER

VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) CHARBONEAU, BRANDON L.	RACE W	ETH C	SEX M	DOB 1.6.82	AGE 31	HGT 6'2"	WGT 215	HAIR BLK	EYES BLU
STREET ADDRESS 14216 44TH ST NE		CITY LAKE STEVENS			STATE WA	ZIP 98258	RES. STATUS			
HOME PHONE 425-280-2227		CELL PHONE SAME			PLACE OF EMPLOYMENT SND. CO. SHERIFF'S					
WORK PHONE 425-388-3395		EMAIL ADDRESS CHAR13841@HOTMAIL.COM								

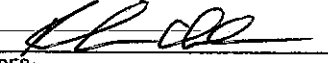
I, **BRANDON CHARBONEAU**, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

WHILE TRAVELING EAST ON HWY 92 IN A SILVER 2002 DODGE

DURANGO WITNESSED A MOTOR VEHICLE COLLISION. JUST WEST OF 113TH AVE NE. ON HWY 92, A WHITE CARGO VAN WAS ATTEMPTING TO TURN LEFT FROM WEST BOUND HWY 92. AFTER PASSING THE VAN, A WHITE KIA RIO TRAVELING WEST BOUND CROSSED INTO MY LANE FORCING MY VEHICLE TO THE SHOULDER, NEARLY HITTING MY FRONT END. AFTER THE WHITE KIA RIO PASSED ME, I LOOKED BACK TO SEE IT LOCK UP IT'S BREAKS AND TURN SIDEWAYS. THE WHITE KIA RIO THEN WENT BACK ACROSS~~ED~~ INTO THE WEST BOUND LANE, STRIKING A BLUE CAR ON THE REAR DRIVERS SIDE. AFTER THE IMPACT, THE WHITE KIA RIO WENT FRONT END INTO A DITCH ON THE NORTH SIDE OF HWY 92.

I GOT OUT, CALLED 911 TO REPORT THE COLLISION. I CHECKED ON THE OCCUPANTS OF THE CAR AS POLICE ARRIVED.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: 	DATE SIGNED 6.8.13	LOCATION SIGNED LAKE STEVENS, WA
OFFICER/NUMBER:	DATE SIGNED	LOCATION SIGNED

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE 1 OF 1

LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER

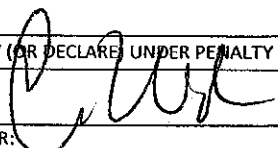
VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Ward, Carisa A	RACE A	ETH C	SEX F	DOB 12/16/75	AGE 37	HGT 5'4"	WGT 110	HAIR Brn	EYES Brn
STREET ADDRESS 14719 72nd St. NE		CITY Lake Stevens			STATE WA	ZIP 98258	RES. STATUS owner			
HOME PHONE 360 386-8557		CELL PHONE 509 475-9961			PLACE OF EMPLOYMENT NA					
WORK PHONE		EMAIL ADDRESS Gcesward@me.com								

I, Carisa Ward, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

I was heading east on Hwy 92 at 1:30 PM
a ^(white) van oncoming turned left in front of me
and a white car swerved and went into ditch
two ~~and~~ cars behind the van. I don't think
the white car saw the van turning left.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

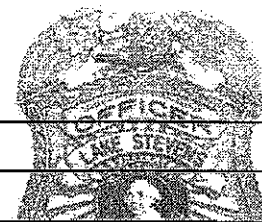
SIGNATURE: 	DATE SIGNED 6/8/13	LOCATION SIGNED Lake Stevens
OFFICER/NUMBER:	DATE SIGNED	LOCATION SIGNED

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE ____ OF ____

LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT



CASE NUMBER

VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) NELSEN Teri Lea	RACE WHITE	ETH	SEX F	DOB 9-10-63	AGE 49	HGT 5'3"	WGT 150	HAIR BR	EYES BR
STREET ADDRESS 34100 MNT LOOP HWY		CITY GRANITE FALLS		STATE WA		ZIP 98250		RES. STATUS UN		
HOME PHONE 360-691-6940		CELL PHONE			PLACE OF EMPLOYMENT					
WORK PHONE		EMAIL ADDRESS								

I, TERI L NELSEN, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

DRIVING FROM MACHINES TO LAKE STEVENS
WHITE CAR RAN INTO THE SIDE OF US

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

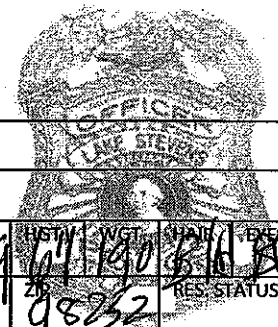
SIGNATURE: <i>Teri L Nelsen</i>	DATE SIGNED 6-8-13	LOCATION SIGNED
OFFICER/NUMBER:	DATE SIGNED	LOCATION SIGNED

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

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LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT



CASE NUMBER

VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST, MIDDLE) Blond Ray Paul	RACE W	ETH	SEX M	DOB 5/8/59	PAGE	HIST W	WGT 140	HT 5'10"	RES STATUS R
STREET ADDRESS 34400 Mt Loop Hwy		CITY Granite Falls		STATE WA		ZIP 98252				
HOME PHONE 360 691 6940		CELL PHONE 425 344 4071		PLACE OF EMPLOYMENT Retired						
WORK PHONE		EMAIL ADDRESS								

I, _____, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

While Driving to Lake Stevens on Hwy 99 traffic slowed and a driver behind me lost control and swerved sideways and hit my car on the left rear.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: 	DATE SIGNED 6/8/13	LOCATION SIGNED Hwy 99
OFFICER/NUMBER:	DATE SIGNED	LOCATION SIGNED

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

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LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT



CASE NUMBER

13-0139

VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) PETERSON Anita	RACE W	ETH	SEX F	DOB 10/26/65	AGE 47	HGT 6'4"	WGT 150	HAIR Brown	EYES Blue
STREET ADDRESS 22923 137th St NE		CITY Granite Falls		STATE Wa		ZIP 98252		RES. STATUS		
HOME PHONE 360 691-4135		CELL PHONE				PLACE OF EMPLOYMENT Unemployed				
WORK PHONE		EMAIL ADDRESS								

I, Anita Peterson, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

I was traveling West on Hwy 92 a car came over the center line I swirved I think I turned too much and over corrected then I'm not to sure but I spun around and hit the car in front of me. that is the best is all I can recall at this time.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: <u>Anita Peterson</u>	DATE SIGNED 6/08/2013	LOCATION SIGNED
OFFICER/NUMBER:	DATE SIGNED	LOCATION SIGNED

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE ___ OF ___